

1336

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

| PLACE OF DEATH   |   | ARIZONA STATE BOARD OF HEALTH  |  |
|--|---|--|--|
| BUREAU OF VITAL STATISTICS   |   | State Index No. 109  |  |
| County <u>Graham</u>   | District <u>Greenhal</u>                            | ORIGINAL CERTIFICATE OF DEATH  |  |
| No. _____ St. _____  |   | County Registered No. <u>11</u>  |  |
| (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)    |   | Local Registrar's No. <u>9</u>   |  |
| FULL NAME <u>Thurza May Hicks</u>  |   |  |  |
| PERSONAL AND STATISTICAL PARTICULARS   |   | MEDICAL CERTIFICATE OF DEATH   |  |
| SEX <u>Female</u>  | Color or Race <u>White</u>                          | DATE OF DEATH <u>Feb 14</u> 191 <u>8</u>   |  |
|  | <u>Indian</u>                                       | (Month) (Day) (Year)   |  |
|  | <u>Black</u>  |  |  |
|  | <u>Chinese</u>                                      |  |  |
|  | <u>Mexican</u>                                      |  |  |
| SINGLE-<br>MARRIED<br>WIDOWED<br>or DIVORCED   |   |  |  |
| DATE OF BIRTH <u>Dec 4</u> 191 <u>5</u>  |   | I hereby certify, that I attended deceased from <u>Feb 10</u>  |  |
| (Month) (Day) (Year)   |   | 191 <u>8</u> to <u>Feb 14</u> 191 <u>8</u> ; that I last saw her alive                                       |  |
| AGE <u>42</u> yrs. <u>2</u> mos. <u>10</u> days  |   | on <u>Feb 14</u> 191 <u>8</u> , and that death occurred on the date  |  |
| If less than 1 day-- hrs., or min.   |   | stated above at <u>12</u> M. The DISEASE or INJURY causing   |  |
| OCCUPATION (a) Trade, profession or particular kind of work <u>Housewife</u>                     |   | Death was as follows: <u>Pulmonary Edema</u>   |  |
| (b) General nature of industry, business, or establishment in which employed or (employer) _____ |   |  |  |
| BIRTHPLACE (State or country) <u>Utah</u>  |   | (Duration) _____ yrs. _____ mos. <u>4</u> days   |  |
| PARENTS  | NAME OF FATHER <u>Jacob Bigler</u>                  | Was disease contracted in Arizona? <u>Yes</u>  |  |
|  | BIRTHPLACE OF FATHER (State or Country) <u>Utah</u> | not, where? _____  |  |
|  | MAIDEN NAME OF MOTHER <u>Hannah Harby</u>           | CONTRIBUTORY <u>Chronic Bronchitis</u>   |  |
|  | BIRTHPLACE OF MOTHER (State or Country) <u>Utah</u> | (Duration) _____ yrs. _____ mos. _____ days  |  |
| The Above Is True to the Best of My Knowledge (Informant) <u>J. B. Hicks</u>                     |   | (Signed) <u>J. N. Heywood</u>  |  |
| (Address) _____  |   | <u>Mar. 7</u> 191 <u>8</u> (Address) <u>Thatcher, Ariz.</u>  |  |
| PLACE OF BURIAL OR REMOVAL   | DATE OF BURIAL OR REMOVAL                           | *In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal. |  |
| UNDERTAKER   | ADDRESS   | LENGTH OF RESIDENCE  |  |
|  |   | At place of death <u>36</u> yrs. _____ mos. _____ ds. In Arizona <u>36</u> yrs. _____ mos. _____ ds.         |  |
|  |   | Former or Usual Residence  |  |
|  |   | Filed <u>3-3</u> 191 <u>8</u> <u>W. V. Porter</u>  |  |
|  |   | Local Registrar  |  |
|  |   | Filed <u>3/12</u> 191 <u>8</u> <u>J. M. Fletcher</u>   |  |
|  |   | County Registrar   |  |